

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	Acrobat Distiller
Run by	CWMS
Report Date	14-JAN-02 10:37

Crosswalk Report

Status : IN Substance Abuse and Mental Health Services Administration
Media ID : SATIS Office of Applied Studie
Start Date :
End Date :
Follow-up :

SATIS
Version : 1

K = Key Field		System		<u>Connecticut</u>	
Item		Item		Value	
No.	Treatment Episode Data Set			State System Data	
1	System Transaction Type	*	System Tranaction Type		
	A Add		A Add		
K 2	State Code	*	State Abbreviation		
3	Reporting Date	*	Date of submission		

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
K 1	Provider Identifier	1	Provider ID	
K 2	Client Identifier (Admission)	3	Client Identifier	
K 3	Co-Dependent/Collateral	*	Co-dependent/collateral	
	2 No		2 No	
	1 Yes			
K 4	Client Transaction Type	*	Client transaction type	
	A Initial Admission		A Admission	
K 5	Date of Admission	4	Date of Admission	
6	Number of Prior Treatment Episodes	*	Not Collected	
	8 Not Collected		8 not collected	
7	Principal Source of Referral	*	Principal Source of Referral	
	01 Individual (includes self-referral))		01 Individual/self referral	
	02 Alcohol/Drug Abuse Provider		02 Alcohol/drug abuse provider	
	03 Other Health Care Provider		03 Other health care provider	
	04 School (Educational)		04 School	
	05 Employer/EAP		05 Employer	
	06 Other Community Referral		06 Other community referral	
	07 Court/Criminal Justice/DUI/DWI		07 Court/criminal justice referral/DUI/DWI	
	97 Unknown		97 Unknown	
	98 Not Collected		98 Not collected	
8	Date of Birth	*	Date of Birth	

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9	Sex	*	Sex
7	Unknown	99	Unspecified
2	Female	F	Female
1	Male	M	Male

10	Race	*	Race
05	White	1	White
04	Black or African American	2	Black/African American
03	Asian or Pacific Islander	4,6	Asian, native Hawaiian or other Pacific Islander
01	Alaska Native (Aleut, Eskimo, Indian)	5	American Indian/Alaskan
02	American Indian (Other than Alaskan Native)	5	American Indian/Alaskan
20	Other	98	Other
97	Unknown	99	Unspecified

11	Ethnicity	*	Ethnicity
97	Unknown	0	Unspecified
04	Other Specific Hispanic	1	Hispanic - other
05	Not of Hispanic Origin	2	Non-Hispanic
01	Puerto Rican	3	Hispanic - Puerto Rican
02	Mexican	4	Hispanic - Mexican
03	Cuban	5	Hispanic - Cuban
06	Hispanic - Specific Origin not Specified		

12	Education	10	Highest Grade Completed
00	Less Than One Grade Completed	0	less than 1 grade completed
01-25	Highest School Grade in Number of Years (12=GED)	1-25	Highest grade completed
97	Unknown	Any other	Unknown

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13 Employment Status**12 Employment Status**

97	Unknown	0	Unspecified, any unacceptable value
04	Not in Labor Force	1	Not in labor force
03	Unemployed	2	Unemployed
02	Part Time	3	Parrrt time
01	Full Time	4	Full time

14 Substance Problem Codes (Primary-14A,Secondary-14B, Tertiar-14C)**24a Susbstance Problem Codes**

11	Other Amphetamines	1	Amphetamines
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	10	Marijauna/hashish
10	Methamphetamine	11	Methamphetamines
06	Non-Prescription Methadone	12	non-prescriptive methadone
07	Other Opiates and Synthetics	13	Other opiates and synthetics
16	Other Sedatives or Hypnotics	14	Other sediatives or hypnotics
12	Other Stimulants	15	Other Stimulants
18	Over-the-Counter	16	Over-the-counter
08	PCP	17	PCP
14	Other Tranquilizers	18	Tranquilizers
20	Other	19	Other
02	Alcohol	2	Alcohol
15	Barbiturates	3	Barbiuates
13	Benzodiazepine	4	Benzodiazepine
03	Cocaine, Crack	5,6	Cocaine, crack
09	Other Hallucinogens	7	Hallucingens
05	Heroin	8	Heroin
17	Inhalants	9	Inhalants
01	None		
97	Unknown		
98	Not Collected		

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15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiari-15C)	24b	Usual Route of Administration
97	Unknown	0	Unspecified
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Injection
20	Other	5	Other
98	Not Collected		

16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	24c	# days in last 30
01	No past month use	0	No days
02	1-3 times in past month	1-3	1-3 days
03	1-2 times per week	4-8	4-8 days
04	3-6 times per week	9-29	9-29 days
05	Daily	=>30	30 or more days
97	Unknown	blank	unknown

17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	24d	Age of first use
00-96	Indicates The Age at First Use	01-95	Age of first use
97	Unknown	Blank	Unknown
00	Indicates a Newborn with a substance dependency problem	or >95	

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K 18	Type of Services	*	Type of service
01	Hospital Inpatient (Detox, 24 hour Service)	1	Detox - inpatient
02	Free-standing Residential (Detox, 24 hour Service)	2	Detox - inpatient other than hosp
03	Hospital (other than detox)	3	Rehab/residential-hospital
04	Short-term, (30 days or fewer)	4	Rehab/residential-short term
05	Long-term, (more than 30 days)	5	Rehab/residential-long term
06	Intensive Outpatient	6	Partial hospital
07	Non-Intensive Outpatient	7	Outpatient - methadone maintenance
08	Ambulatory Detoxification	8	Detox - outpatient

19	Use of Methadone Planned/Actual	*	Check careid for methadone
1	Yes	1000	Methadone maintenance
2	No	Not=1 000	No

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1	Detail Drug Code, Primary	*	Not Collected
	9998 Not Collected		9998 not collected

2	Detail Drug Code, Secondary	*	Not Collected
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3	Detail Drug Code, Tertiary	*	Not Collected
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4	DSM Diagnosis	*	Preliminary Diagnostic Impression
	###. DSM III-R Category		
	##		

5	Psychiatric Problem in Addition to Alcohol or Drug Problem	*	Not Collected
	8 Uncollected		98 not collected

6	Pregnant at Time of Admission	18	Pregnancy Status
	1 Yes		1 Currently pregnant
	2 No		2 Not pregnant
	7 Unknown		3 Don't know/unsure

7	Veteran Status	8	Veteran Status
	7 Unknown		0, Unspecified other
	1 Yes		1 Yes
	2 No		2 No

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
8	Living Arrangements	9	Usual living conditions	
97	Unknown		0, Specified other	
01	Homeless		1 Homeless	
02	Dependent Living		2 Dependent	
03	Independent Living		3 Independent	
9	Primary Source of Income/Support	*	Source of Income/Support	
97	Unknown		0 Unspecified	
02	Public Assistance		1 Public Assistance/Welfare	
03	Retirement/Pension		2 Retirement/Pension	
01	Wages/Salary		3 Salary	
04	Disability		4 Disability	
20	Other		5 Other	
10	Health Insurance	*	Health Insurance	
20	Other (e.g. TriCare, Champus)		10 State Fee for service Priority 6	
20	Other (e.g. TriCare, Champus)		11 DCF Priority 7	
20	Other (e.g. TriCare, Champus)		12 GA Priority 8	
21	None		2 DMHAS Self Pay Priority 11	
02	Blue Cross/Blue Shield		3 BC/BS Priority 3	
01	Private Insurance		4 Private ins Priority 4	
03	Medicare		5 Medicare Priority 2	
20	Other (e.g. TriCare, Champus)		6 Champus Priority 9	
20	Other (e.g. TriCare, Champus)		7 City/Local Priority 10	
04	Medicaid		8 Medicaid Priority 1	
06	Health Maintenance Organization (HMO)		9 HMO Priority 5	
97	Unknown			
98	Not Collected			

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State System Data

11 Expected/Actual Primary Source of Payment

*

Not Collected

98 Not Collected

98 not collected

12 Detailed Not in Labor Force

*

Not Collected

98 Not Collected

98 not collected

13 Detailed Criminal Justice Referral Categories

*

Not Collected

98 Not Collected

98 not collected

14 Marital Status

*

Marital Status

97 Unknown

0,98,9 Not entered, Other, Unspecified
9

01 Never Married

1 Never Married

02 Now Married or Cohabiting

2 Married

03 Separated (legally or otherwise
absent)

3 Separated

04 Divorced

4 Divorced/Annulled

05 Widowed

8 Widowed

15 Days Waiting to Enter Treatment

*

Not Collected

998 Not Collected

998 not collected

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Discharge

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Item No.	Treatment Episode Data Set	Discharge Item	Value	State System Data
104	Provider ID at Discharge	*	Not Collected	
105	Client Identifier	*	Not Collected	
106	Co-Dependent/Collateral At Discharge	*	Not Collected	
109	Service at Discharge	*	Not Collected	
146	Date of Last Contact	*	Not Collected	
147	Date of Discharge	*	Not Collected	
149	Reason for Discharge	*	Discharge Type	
08	Date Unknown		0, Other	Not entered, Unspecified
01	Treatment Complete		1,2	treatment completed w/o referral to another SA program
07	Other		10	Other
04	Transferred to Another Substance Abuse Treatment Program or Facility		3	Left pgm's advice w/formal referral to another SA program
04	Transferred to Another Substance Abuse Treatment Program or Facility		4	Left pgm's advice w/o formal referral
02	Left Against Professional Advice (Drop Out)		5	Left against clinical advice
05	Incarcerated		6	Incarcerated
06	Death		7	Deceased
03	Terminated by Facility		8,9	Discharge for non-compliance

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End of Report